



Team Action Plan

School District: _____

Local Health Director: _____

Team Members Present: _____

Today's Date: December 5, 2013

Our Next Team Meeting will be: _____

Our Critical Issues are:

(What gaps must be addressed in order to improve our school district's wellness policy and practices related to nutrition and physical activity?)

Our Team Goal(s) are:

(What do we want to achieve in order to improve our school district's wellness policy and practices related to nutrition and physical activity?)

GOAL 1: By January 31,

GOAL 2: By May 1,

Other Team Members to Include:

(Who else needs to be included in our decision-making and planning?)

GOAL 1. By January 31, _____

Where are we in the process of accomplishing this goal?		Stakeholders to Engage	
ACTION STEPS taken to accomplish this Goal:	Who	By When	Resources Needed

MEASURES (Indicators of Success): _____

GOAL 2. By May 1, _____

Where are we in the process of accomplishing this goal?		Stakeholders to Engage	
ACTION STEPS taken to accomplish this Goal:	Who	By When	Resources Needed

MEASURES (Indicators of Success): _____

FOLLOW-UP SUPPORT We Need:

This section is optional.

Type of Assistance	By When	Preferred Method (e.g. phone, email, in person)

Contact Information:

Name: _____

School District/School: _____

Phone: _____

Email: _____